

PARVIN (T.) & WINCKEL (F.)

The President's Address

Delivered Before the Annual Meeting of
the American Gynecological Society,
May 16, 1893.

BY

THEOPHILUS PARVIN, M.D.,
Philadelphia, Pa.

WITH

The Union of Obstetrics and
Gynecology.

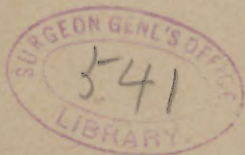
BY

PROF. F. WINCKEL, M.D.,
Munich.



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THE PRESIDENT'S ADDRESS.

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OF PHILADELPHIA.

II.

THE NECESSITY OF THE UNION OF OBSTETRICS
AND GYNECOLOGY AS BRANCHES OF
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THE PRESIDENT'S ADDRESS.

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FELLOWS OF THE SOCIETY: Different emotions claim utterance as I attempt the duty of the hour.

Thanks are due you for having chosen me President when this honor was unexpected, and in my absence from the country. Accept my thanksgiving as the honest expression of a grateful heart.

But when I recall the able and illustrious men who have stood where I now stand, and remember their fitly chosen words of knowledge and wisdom—the practical lessons from personal experience of Emmet, Goodell, Howard, and Byrne; the large information and judicious counsels of Barker; the cogent criticisms and incisive sentences of Skene, of Reamy, and of Jackson; the fiery zeal and polemic power of that restless radical, commendation more than condemnation, Marion Sims; the graceful periods of Wilson; the strong and brilliant eloquence of the Chrysostom of our number, Thomas—to mention no other names—may I not be justly anxious lest my address fall far below the standard that has been set, and performance prove so unequal to occasion and opportunity?

In this anxiety for the moment it seems to me that the distinction you have conferred, instead of being a crown of joy and power lightly worn, becomes a heavy load, *onus quam honos*.

Profound sadness comes when I reflect that of the sixteen chosen to preside over this Society before me, seven are dead.

Barker, Peaslee, Sims, Smith, Byford, Kimball, Jackson—what a list of able men, *'supra laudem et titulos*, from whom there is heard at the annual roll-call of the Society not one *Adsum!*

Not only has one of the ex-Presidents passed away since the Society last convened, eight months ago, but quite recently Drs. Strong and Lee have been added to the list of the silent dead, one only in the morning, the other in the meridian of a brilliant professional career.

“All heads must come
To the cold tomb—
Only the actions of the just
Smell sweet in death, and blossom in the dust.”

One of our guild, whose character, philosophic power, and literary ability we cannot too much admire, exclaimed, “Who cares to subsist like Hippocrates’ patients, or Achilles’ horses in Homer, under naked nominations, without deserts and noble acts, which are the balsam of our memories, the *entelechia* and soul of our subsistences?” Deserts and noble acts have made all these departed Fellows more than naked nominations. Their names abide as household words, and the good influence they exerted lives an immortal life.

“Tongues of our dead not lost,
But speaking from death’s frost,
Like fiery tongues at Pentecost.”

Coleridge defined philosophy as an affectionate seeking after the truth; and Plato said: “Truth is the beginning of every good thing, both in heaven and on earth; and he who would be blessed and happy should from the first be a partaker of the truth.” Believing it eminently proper for the President, if not an imperative duty, to express his opinions, offer his counsel, and even his criticisms, should he believe them needed, upon questions concerning the interests and duties of the Society, that which remains of my address will be thus occupied. I trust that I may be inspired by an affectionate desire for the truth, and that I may be a partaker of the truth,

speaking true words, rather than seeking pleasant, politic, and popular utterances, believing that the former will ultimately, if not now, bring better results. Sydenham's conclusion may be wisely adopted in this connection: "For having nicely weighed, whether it is better to be beneficial to men, or to be praised by them, I find the first preponderates, and much conduces to the tranquillity of mind. But as for fame and popular applause, they are lighter than a feather or bubble, and more vain than the shadow of a dream."

The important part which Dr. Chadwick has borne in originating this Society, and his constant help in its conduct, are so well known that only this appreciative allusion need be made. He wisely selected the term gynecological to designate it. But what does the word mean? What is gynecology? What the gynecologist? Bland Sutton speaks of those "engaged in that section of surgical craft known by the grandiloquent term, gynecology." Some would define gynecologist as one occupied with abdominal sections upon the human female, a laparotomist, or, according to recent neology, a celiotomist—a term which has a false whisper of hybridity and of heaven, and is a dulcet delight like "that sweet word Mesopotamia." Some advertise themselves, or are advertised, as gynecologists and abdominal surgeons, making the whole unbounded continent of pelvis and abdomen, male and female, their own.

Let me, by an appeal to etymology, rescue gynecology from its narrow use, thus vindicating the selection of the term gynecological as the name of our Society, and bringing in clearer relief its purpose and what should be its work.

In Plato's "*Cratylus*" the derivation of *γυνή*, woman, from *γενή*, birth, is stated. Thus, then, gynecology should be regarded as a synonym for obstetrics rather than for diseases of women, and the gynecologist is primarily an obstetrician; and this is usually, if not invariably, true. The word gynecology, both etymologically and in its essential signification, relates to reproduction in the human female, and secondarily to the dis-

eases or disorders which interfere with or prevent this function, or those which are consequent upon its exercise. Our Society is concerned with obstetrics and diseases of women, and it is thus stated in the constitution, though the order is reversed.

The number of founders of the Society was thirty-nine—of these fourteen are dead—and the membership was originally limited to sixty. Thirteen years ago, when the Society met at Cincinnati, the President, the late Dr. Sims, while urging many more or less radical changes, among them the increase of membership to one hundred, which was afterward done, though not immediately, made this statement: "It is not to be denied that there is a very large element of discontent amongst men who are our equals in everything, and who might be organized into a formidable rival national association." These words were prophetic; the prophecy is history, and there is a formidable rival national association. That association numbers many able members, and has done very creditable and useful work. The country is too large, the number of the profession too great, for the amalgamation of the two organizations, or for ours to subtract from it its best men, and thus cause its atrophy; proselyting is neither pleasant nor promising, and there is work enough for each organization. Nor do I believe that professional polygamy should be encouraged; monogamy ought to be the rule, and even bigamy a rare exception. Possibly doctors may sometimes want double honors, or triple, as a bashaw is not content with one tail, but seeks two or three as symbols of his power and importance. A doctor has at times been called to a young child suffering with digestive disorder, and to his inquiry as to its diet he is told, "Oh, it sits at the table and takes everything that is going."

A divided is too often a doubtful allegiance, and I believe that a man ought to be satisfied to be a member of either organization. Moreover, the American Gynecological Society

—good members as it has received from its rival, good men as it may now or in the future have the opportunity of receiving—has not room for the reception of such applicants without excluding equally well-qualified men who do not belong to any similar organization. And thus again a plea for monogamy so far as the election of new members is concerned.

There are now twelve vacancies in our number. Should all these be filled at our present meeting? I think not, but rather that six or more places should be left vacant each year, so that new applicants need not be rejected from want of room. To be waiting for dead men's shoes is not an enviable condition for those who wait or for those who are expected to shuffle off their mortal shoes.

Further, I believe that geography ought to have an influence in determining our selections. Of course, the best men should be selected, without regard to their residence; but if two equally well qualified present themselves, then let the one be selected from an unrepresented State or part of the country. We call ours the American Gynecological Society, yet we have only one active member living outside of the United States: the American Gynecological Society, and one-third of the members live in one State, while a decided majority are found upon the Atlantic seaboard! Therefore, if two candidates of equal fitness present themselves, one from Massachusetts and the other from Texas, I am for the Texan, provided he will attend the meetings with reasonable regularity. If, in like conditions and with like promise, one candidate is from New York, the other from Virginia, my vote is for the Virginian; one from Maryland, the other from Louisiana, I prefer the latter; one from Pennsylvania, the other from Indiana, I choose the Indianian, and thus on through the list.

Dr. Sims, in the address to which I have referred, advised that the President's address be delivered at 8 P. M. on the first day of the meeting instead of at noon the second day, thus giving one hour more for regular work. I have taken the

liberty of adopting this plan, not only for the reason he gave, but because recommendations made by the President ought to be presented as early as possible for the consideration of the Fellows. If the President of the United States did not deliver his inaugural until the term for which he had been elected was half over, it would be regarded as anomalous, abnormal, and absurd.

It almost invariably occurs that more papers than can be read and properly discussed are presented upon the programme. Usually some of these are read only by title. Some weeks ago I wrote to one who has been almost a life-long friend, one of the ablest, most learned and scholarly men, a man of long and large professional experience, and one of the most fluent and graceful writers, soliciting a contribution from him. In his letter of refusal he remarked, "There are too many societies and too many papers." These are not words to be carelessly cast aside, but to be carefully pondered. The highest motive in writing, as, indeed, in all voluntary action, is to do good, to utter helpful words to fellow-practitioners that may result in healing the sick; the lowest motive, that which degrades the noblest profession into the meanest trade, is to secure clients. I believe that the contributions to this Society have been mainly free from any mark of a commercial character, but we sometimes see in a medical journal an article which seems to have no other object than advertising the author.¹ This may be so apparent that one feels

¹ I often wish that the questions asked by President Jefferson as to an applicant for a public position—Is he honest? Is he capable?—could be applied to some who present papers to societies, and which appear in print. When articles which, upon close scrutiny, give evidence of being pure fabrications—cases reported, for example, which the author never had—one must be reminded of Cullen's observation, that false facts are more numerous than false theories. It is, as one of the wisest and most acute observers among novelists of a past age—Fielding—has said, in regard to innocence being often betrayed, not by a want of sense, but by a want of suspicion—"a villainy exceeding the faith of any man who was not himself a villain." Thus, because of want of suspicion, rather than want of sense, on the part of doctors, some articles pass as genuine and as the true records of personal experience, factitious reputation being thus acquired.

like appending to the communication: "Still doing business at the old stand. Consultations invited. Patients solicited." Of such a writer one might repeat to himself, if not to others, the words of Guy Patin: *Nequidem medicus, sed plane mendicus*. Of course we never expect shop articles to appear in our published volumes, but all the articles presented here are not of equal value, nor are all such as should be published in an annual. Some of them would appear with greater fitness in a weekly or monthly medical journal; others, possibly, might be abridged. Now, why not have two or three members associated with our able Secretary to decide as to the disposition of papers, to revise those that needed revision, to condense when condensation was required, to advise the publication of some—a simple report of a case, for example, unless one presenting extraordinary features or collated with others, so that important conclusions might be established—in a medical journal?

It seems to me that the Brussels Congress presented a feature worthy the imitation of this Society. Although the meeting of the Congress continued nearly twice as long as ours, only three chief subjects, selected several months in advance of the meeting, were given prominence, these subjects being ectopic pregnancy, placenta previa, and the treatment of pelvic suppurations. Eminent men presented and discussed these subjects by previous appointment, then others participated as they chose. Besides, a large number of other papers, most, if not all, quite brief, were presented. Now, why might not the council at each meeting select four subjects, two of them, for example, relating to midwifery and the others to diseases of women, and appoint four Fellows to present an exposition of these subjects, and others to follow in discussion; then let any who desired participate? Moreover, there might be volunteer papers, always brief, upon other subjects. When men know many months, instead of a few weeks, in advance that certain themes will be considered at the next meeting, they have ample time for study, for investigation and reflec-

tion, and will be able to give mature thoughts to the discussion or listen to it with the greatest profit. Extemporaneous speech is for many people not difficult, but most groan mightily when the cross of extemporaneous thinking is placed upon their shoulders; even extemporaneous speech sometimes proves the truth that hasty births bring forth blind whelps.

Such a plan would do away with an evil which has been repeatedly criticised—the undue attention given to diseases of women, chiefly the surgical diseases. I find one volume of our *Transactions* which contains considerably more than three hundred pages, occupied with diseases of women, and these mainly surgical, and but little more than one hundred given to midwifery. In the volumes of the *Transactions of the London Obstetrical Society*, and of the *Edinburgh*, there is usually a decidedly greater space given to midwifery.

In one of the two addresses by Dr. Barker, he remarked: “I think I have said enough to show clearly that medical gynecology bears as important part in the work of this Society as uterine surgery.” Dr. Taber Johnson said, in 1879: “The tendency is to the newer field of gynecology, to the neglect of the more important department of midwifery.” Dr. Skene, in his presidential address, stated: “From the time that this Society was organized until to-day the greater portion of its time has been devoted to surgery; this is neither necessary nor best.”

Time has not abated in the least the force of these criticisms. I believe it would be wise to adopt the plan suggested, and there would be no occasion for the repetition of such censures. Moreover, our meetings would have increased interest and usefulness. A scattering fire makes no breach in the walls of an invested city or in the ranks of an opposing army. Combination and concentration of forces are the secret of victory.

Seventeen volumes, containing somewhat less than eight thousand pages of reading matter, testify to the active work of this Society. It is true that some of the papers were only

of historical interest when presented, while others have, in the progress of our art, become so. Thus, who cares now to study gastro-elytrotomy, or the electric treatment of ovarian tumors? Possibly, too, some of the papers should have been published elsewhere, and it may be—thus I confess my own shortcoming—that the perineum has been protected without the production of any revenue. Nevertheless there remains a great body of scientific truth and of practical instruction, an invaluable collection for all engaged in the study of obstetrics and diseases of women.

The question as to how and by whom obstetrics and diseases of women should be taught is one that may well engage the consideration of this Society. That didactic instruction in these branches is, as a rule, well given in our various medical schools, will be conceded; but it is feared that practical instruction is also, as a rule, far below the needs of the student. To be one of a hundred, or of several hundred, witnessing operations adds very little knowledge to the witness. The true ideal of instruction can only be realized in a large hospital devoted to obstetrics and diseases of women, students being taught in small number at a time. Only thus can these students acquire reasonable expertness in diagnosis, and only thus can they satisfactorily and instructively witness the methods of treatment, whether surgical or medical.

But, passing by this point, the question as to the teacher is to be considered. It is well known that only recently in the chief medical schools of London has it been permitted the teacher of obstetrics and diseases of women to perform an abdominal section—this being held the right of the hospital surgeon. In France the surgeons have generally been the operators. The subject was discussed by Dr. Smyly, of the Rotunda Hospital, Dublin, before the British Medical Association, in 1891, and in his address he stated: "Midwifery and gynecology must go together; they are sciences which God has joined together, and should never be put asunder."

And again he states that it is impossible to draw the line between them.¹

Auvard asserts² that "the necessary fusion of the two scientific branches, which make but one specialty, is quite manifest, and no evil results from this union. An accoucheur ought to be a gynecologist, and a gynecologist an accoucheur; if the physician is only one or the other he is but an incomplete savant, a scientific monorchid."

In an elaborate recent paper³ upon the "Teaching of Gynecology in France," by Doléris, this distinguished and able Honorary Fellow of our Society takes the ground that diseases of women should be taught by obstetricians: "One is not a gynecologist if he has not begun by being an obstetrician." "The great majority of the affections treated by the gynecologist have their origin in puerperality, in the traumatisms accompanying delivery, and in infection in the lying-in." "This natural connection between gynecology and its mother branch, obstetrics, appears to give a solution of the

¹ "Let us now endeavor to define this line. A woman presents herself for examination. The first duty of the examiner is to determine the presence or absence of pregnancy—that is obstetrical; but if she happen to be sterile in consequence of endometritis, she should, of course, be treated by a gynecologist. Under his judicious treatment she so far improves as to become pregnant: provided the pregnancy be uterine, her case is obstetrical, otherwise gynecological. Even if the ovum is situated in the uterus her position is still uncertain; for if the conjugate diameter of her pelvic brim be two and a half inches or less she should go to the gynecologist, otherwise to the obstetrician. Her pregnancy probably ends in abortion, which does not improve the endometritis, and she acquires the habit of aborting, and again requires the gynecologist. Becoming pregnant again, she goes to term, but has placenta previa. If this be partial, the obstetrician is in place; but if complete, abdominal section is, according to Mr. Tait, advisable, and so a specialist in this department is called in; but after delivery by the obstetrician she may be attacked by septic peritonitis, when, according to Dr. Savage, the gynecologist is again required. Should her perineum be ruptured the obstetrician may at once sew it up, but if primary union was not obtained she is once more handed over to the gynecologist. But such a course would not only be absurd and contrary to the dictates of common sense; it would frequently be fraught with danger."

² *Traité pratique d'Accouchements*, Paris, 1890.

³ *Annales de Gynécologie et Obstétrique*, 1892.

question the most logical, the most easily realized, the most favorable for the development of the science, and conforms to the results of the experience of our neighbors." "In Germany, in Austria, in Italy, everywhere, as hospital service, as both theoretical and clinical teaching, it is intrusted to obstetricians."

Believing this one of the most important questions in the future of medical teaching in our country, it was my purpose to devote my address chiefly to its discussion. I wrote, some months ago, to my friend, Prof. Winckel, asking the reasons for the practice, universally prevalent in Germany, of uniting obstetrics and diseases of women under one teacher; but his reply was only received two days ago, and is so complete and elaborate a consideration of the subject that attempt at successful condensation is impossible, and simply introducing extracts would be unsatisfactory and do injustice to the distinguished author. Therefore, with the permission of the Society, it will be added as a supplement to my address, knowing that all the Fellows will be glad to have it in complete form. Partly in anticipation of this act, my address will be briefer than such performances usually are, and its deficiencies will be more than compensated by the paper of Dr. Winckel.

In a letter from Dr. A. Martin, received by me a few weeks ago, this eminent teacher thus briefly refers to the subject: "The connection, both in the teaching and in the practice of obstetrics and gynecology in Germany, is the result of the development of the latter department, for the obstetricians have developed gynecology, so that the influence of the surgeons, as shown in England, America, and Austria, lately only in France, has been prevented with us. But I will not deny that some eminent surgeons have helped us—Simon, Billroth, Czerny. We retain this important union, because a large number of diseases of women are directly related to the process of gestation, either preventing or complicating it. The matter has not been recently discussed in Germany. Indeed, it does not admit of discussion, and the surgeons more

or less readily recognize the justice of the necessary connection between the two subjects both in teaching and in practice."

Shall I repeat the protest so often here made, especially by Dr. Jackson, against grave operations, particularly the removal of the uterine appendages, unless to remedy diseases otherwise incurable and intolerable? But "what so tedious as a thrice-told tale?" I have sometimes wished that, in the multiplicity of papers describing important operations and their great success there might be an occasional one, not upon how to do, but upon how not to do it. There is a glamour about successful surgery—a flashing of swift fame, a glitter of gold and a promise of financial felicity, as well as the conscious pride of success and of instant relief—that may mislead, operations being done that might have been averted by judicious hygiene, and patient, wise medical treatment. It is useless to deny that unnecessary operations, sometimes sexual mutilations, are done, and that many women are saved from them by changing their professional adviser. Some are so blinded by their successful surgery that they are unwilling to admit that they have ever committed such a fault, and have no patience with those who suggest its possibility. Human judgment is fallible, and liability to error belongs to all.

Preventive medicine is the battle-cry of the day. Prophylaxis by means of asepsis and of antisepsis has won a noble triumph in almost completely banishing puerperal infection from great maternities. Time was when such institutions were sometimes literally decimated by the terrible scourge; but now in two maternities, one in this city and the other in Lille, there have been two thousand cases of labor without a maternal death. If the same care can be had in all cases of labor and of miscarriage, one important source of pelvic suppurations, frequently requiring a more or less grave operation, will cease.

Here let me make two digressions, historical in character, the one relating to pyosalpinx, the other to the prevention of puerperal fever. More than fifty years ago the most brilliant

lecturer on obstetrics that our country has ever had, the late Dr. Charles D. Meigs, described a fatal case of general peritonitis occurring in childbed, caused by the rupture of a purulent collection in one of the tubes; this fact seems to have escaped the observation of those who have done abdominal section for puerperal pyosalpinx.

This is the semi-centennial of the publication in this country of a most valuable paper on the contagiousness of puerperal fever, the thesis that such disease was communicable by doctor or nurse being established beyond successful dispute, and also prophylactic rules, anticipating part of the important teaching of Semmelweiss, laid down. The author thereby did more, I honestly believe, than any American obstetrician, living or dead, to save the lives of puerperal women and their new-born children. Later in the evening you will learn what means have been taken to pay some slight honor to the name and the deed of Oliver Wendell Holmes.

Returning from these digressions, if so much has been done and can be done to guard against infection in childbirth and in miscarriage—an infection which may result in pelvic suppuration—why may not other causes of suppurative salpingitis, especially gonorrhœa, be obviated by suitable prophylaxis? Those grave operations, whether that commonly known as Tait's, or that of Péan, or any other, such as perineotomy, are usually a confession of the indolence, the ignorance, or the impotence of medicine. Yet the disease which culminated in suppurative salpingitis, generally was in its beginning accessible and amenable to local treatment which would have prevented its extension.

I would not disparage the brilliant results obtained by abdominal section in pelvic suppurations, and I recognize among American operators many as able and as successful as any in the world; at the same time I would gladly see their work much more limited, as I believe it can be when medicine asserts its prophylactic and curative power, and it surely will in the progress of our knowledge.

But behind this protection a strong bulwark should be erected, and here I refer to the morality question. As physicians and philanthropists, our duty to care especially for the health of women and to protect them from disease, and knowing countless cases of wives made sterile, their health more or less seriously impaired, by the licentiousness of husbands who regard the seventh commandment as obsolete, we cannot ignore what has been called the social evil. If we content ourselves, as so many do, with declaring it a necessary evil, and utter no warning, make no effort to arrest the black tide of disease and death, of sorrow and suffering and crime, we do not meet the grave responsibility of the hour. An eagle stole meat from the altar of the gods, but took with it a coal of fire that utterly consumed her nest and her young. We who are priests at the altar of woman's health are derelict in duty if we do not throw around it all possible protection.

What if the immortal Jenner had said: "Smallpox is a necessary evil, and therefore I will do nothing to avert or to mitigate the scourge?" So, in the presence of a great moral and physical evil, let us beware of saying that nothing can be done to avert or mitigate. What was "the twin sorrow of Jocasta's womb" in comparison with this triple curse of our social life—curse of disease and early death to the miserable victim of man's passion and perfidy; curse to him who surrenders reason, right, and conscience to the wild beast of lust, and curse to countless homes, wives and children suffering for the sins of husbands and fathers! My belief is that if fathers were as careful to inculcate lessons of chastity upon their sons as mothers upon their daughters; if that double standard of sexual morality which prevails in society, regarding the licentiousness of the young man as venial, while it brands his sister who lapses from virtue as an outcast, never to be forgiven, were forever abolished, and "women¹ are no longer so lost to the dignity of their own womanhood as to make companions

¹ Ellice Hopkins, *Contemporary Review*, 1885.

of those who insult and degrade it ; when the woman requires the man to come to her in holy marriage in the glory of his unfallen manhood, as he requires her to come to him in the beauty of her spotless maidenhood ;" if the true horrors, loathsomeness, and perils of prostitution were made known in a proper manner to young men ; if the moral forces of good men and of good women could be combined, guided by the intelligent and zealous devotion of physicians, bearing full high advanced the White Cross, a brighter, better day would dawn and a reign of social purity prevail. God speed the day !

Fellow-members, I approach the end of my address. I believe that the future of medicine is bright with promise, and that year by year higher attainments will be made, in comparison with which much of the past will sink into insignificance. This Society will do more for woman's health, and thus for her happiness and usefulness, in the next seventeen years than in those that are past—"That which has been but earnest of that which shall be." When that period ends, probably one-third of the present membership will be in the grave. Some of us may, indeed, realize that the evening is coming ; the shadows lengthening upon our pathway tell of the setting sun, and the sound of the nearing sea upon which we shall embark is borne to the attentive ear. Only, whether our remaining years are few or many, may each be able to say with Epicurus : "I am always content with what happens, for I think what God chooses is better than what I choose." Only, too, let it be remembered, that they who depart have an interest in what is accomplished by those who abide a little longer.

"It may not be our lot to wield
The sickle in the ripened field,
Nor ours to hear, on summer eves,
The reapers' song among the sheaves.

"Yet, where our duty's task is wrought
In unison with God's great thought,
The near and future blend in one,
And whatsoe'er is willed is done!"

THE NECESSITY OF THE UNION OF OBSTETRICS AND GYNECOLOGY AS BRANCHES OF MEDICAL INSTRUCTION.

BY F. WINKEL, M.D.,
of Munich.

IN all German universities the teacher of obstetrics is also the teacher of gynecology, and the clinic under his direction contains a department for the care of women in the puerperal state, and another department for women suffering with diseases of the sexual organs. Such an arrangement seems so natural that it scarcely requires discussion; but, although this union has been established in many European countries, in three of the most powerful nations—England, France, and North America—gynecology is wholly or largely practised by surgeons, who have stubbornly refused to yield their ground. Only recently the distinguished professor of obstetrics in Jefferson Medical College, Philadelphia, Dr. Parvin, requested my opinion in this connection, as he desired to present the subject for discussion at the meeting of an American medical organization.¹ It will, therefore, not appear trivial if, in open-

¹ The request reads as follows: "I would like to have your opinions and reasons in relation to the union of the chairs of obstetrics and diseases of women in medical schools. In America, as you know, it is common to have these subjects taught by two chairs, while in Germany the wiser method is followed of uniting them under one teacher. If I can get the needed information from you and one or two other teachers in Germany, I mean to discuss the matter in my address before the American Gynecological Society, of which I have the honor to be President" (December 23, 1892). In a second letter, dated April 4, 1893, he again asks me to give the desired information, to be utilized in the President's address to the American Gynecological Society.

ing my gynecologic clinic, I shall attempt to give a brief exposition of the subject, touching upon the question of the manner in which the union of obstetrics and gynecology has taken place, giving a condensed historic review. Then I shall consider why this union had to come about, or, in other words, I shall point out the indissoluble relations between the two departments; and, finally, I shall show why in England, France and North America, this union has not been maintained—a union which must be established in the near future.

If you will consult the oldest preserved records of medicine you will find that what was known of obstetrics and gynecology was included in chapters devoted to the consideration of other subjects; but that diseases of women received more especial attention, and had reached a higher degree of perfection, as indicated by Hippocrates' *De Morbis Muliebribus*,¹ at a time when the methods of resuscitating a dead child (for this was the task of the obstetricians of the day, who were only called after the wise women had exhausted their wisdom) were becoming known. In the six books of Celsus, also, in which obstetric knowledge had reached a stage of much greater completeness, and in which, for instance, podalic version is described,² there is no conjoint discussion of obstetrics and gynecology; as a matter of fact, the consideration of the diseases of women is even more scattered than in the work of Hippocrates.

The first author who, according to present notions, would be considered a gynecologist, was unquestionably Soranus, of Ephesus, who lived in the second century of the Christian era. In a work that has been largely preserved he devotes especial

¹ Cf. Hippocratis Opera, ed. Jan. Cornarius, Basel, 1546; chapters, De genitura, 39-43; De septimestri partu, p. 61; De octimestri partu, p. 63; De exsectione fetus, p. 72; De natura muliebri, p. 287; De morbis mulierum, pp. 309-383; De sterilibus.

² *E. g.*, liber iv., cap. 20, De vulvæ morbo; liber vii., cap. 4, De fistulis; liber vii., cap. 10, De polypo; liber vii., cap. 28, Si naturalia fœminarum non admittunt concubitum, quomodo curari conveniat possit . . .; liber vii., cap. 29, Qua ratione partus emortuus ex utero excutiat.

consideration to obstetric teaching, as well as to the diseases of women, and throughout there is evidence that even at this time these branches had reached a high degree of perfection. In proof of this assertion it need only be pointed out that he was familiar with the vaginal speculum; that he recognized the differentiation between the vaginal portion and the mouth of the uterus on the one hand, and the vagina on the other hand; that he knew of the employment of pessaries in the treatment of displacements of the uterus; and that he partially or entirely removed the uterus for carcinoma. Moreover, as he treated of obstetrics in the same work, he considered the association a natural one, and presented the two subjects, not merely side by side, but, somewhat as Carl von Braun¹ has done in our day, in intimate relation with one another.² His successors for a long time depended almost solely upon his work. Then came the Arabians; and as their religious customs banished woman to the darkness of the harem, and placed the treatment of the diseases of women and of parturient women beneath the dignity of men, they developed nothing new in these departments. They were even unfamiliar with some things, such as podalic version, which had been firmly established at the time of their ascendancy, and thus permitted them to be forgotten.

With the invention of the printing press the reign of the Arabians in the department of medicine was brought to an end, particularly by Janus Cornarius, through whose admirable translations of the old Greek authors and through whose lectures and disputations the relative positions of Greek and Arabian medicine were placed in a proper light. Soon after this numerous authors (*e. g.*, Wolff, 1566, and Spach, 1597) began

¹ Ed. Martin, Atlas, plates xli., xlii., xlvii.

² For instance, the superscriptions of the chapters in the second volume of a "Gynæcia" published by Valentin Rose (Leipzig, 1882) read as follows: cap. 1, De retentione menstruum; cap. 2, De fervore matricis; cap. 3, De satyriasi; cap. 4, De præfoecatione matricis; cap. 5, De tensione matricis; cap. 6, De inflatione matricis; cap. 7, De tumore matricis; cap. 8, De duritia matricis; cap. 16, De sterilitate; cap. 17, De difficile et laborioso partu, etc.

to publish so-called "Gynæciæ" "Compendia of Gynecology"—they might be called;¹ they also published in one volume the most noteworthy works of the Greeks, the Romans, and the Arabians, as well as the related works of Hippocrates, Galen, Soranus, Moschion, Cleopatra, Rocheus, Trotula, Albukasem, and Avicenna, in so far as they treated of obstetric and gynecologic subjects. These authors were not, like Soranus, pure gynecologists, and it is for this reason that the undertaking is especially noteworthy, because it indicates that already at this early period, in the sixteenth century, the two branches, obstetrics and gynecology, were considered as most intimately and inseparably related. Perhaps the circumstance that obstetrics, like surgery, was considered to occupy a lower plane in medicine, and the further fact that one of the most significant advances in obstetrics (the revival of version) was due to the great French surgeon, Ambroise Paré (1510–1590), contributed to the result that for several hundred years obstetrics was under the control of surgery. It was not before the beginning of the eighteenth century² that the first chair of obstetrics was established, though upon French soil, in the old German city of Strassburg. This was followed by the establishment of similar chairs in Göttingen (1751), in Vienna (1754), in Marburg (1792), and in Berlin. Although by the establishment of these chairs, in conjunction with which obstetric clinics were organized, the complete separation of obstetrics from surgery was begun, the operative division of the still small department of gynecology remained in the hands of the surgeon. Nevertheless it is a noteworthy fact, which has certainly contributed to the reunion of the two departments, that the first periodical,³ founded by Stark at Jena, dealt not only with obstetrics but also with the diseases of women and all that followed

¹ The title reads: "Gynæciorum hæc est de mulierum tum aliis, tum gravidarum, parientium et puerperarum affectibus et morbis. Libri veterum ac recentiorum. Basel, 1566, Casp."

² Early in the twenties (1725?) Cf. Siebold, *gebh. Briefe*, p. 129.

³ The first volume appeared in 1787 at Jena.

—namely, the *Lucina* of Siebold, then the *Gemeinsame deutsche Zeitschrift*, the *Neue Zeitschrift*, the *Monatsschrift*, then the *Archiv für Gynäkologie*, which first appeared in 1870—embraced both departments. It was not, however, until the middle of the nineteenth century—and my studies were pursued (1856–1860) toward the close of this period—that the teachers of gynecology were only the teachers of obstetrics, that they lectured only upon theoretic obstetrics, and that, in addition to demonstrations of labor in parturient women, they gave instruction in digital touch and operative courses upon the manikin. This was the condition of affairs in the year 1857 in Berlin and in most German universities. In the first decades of the nineteenth century numerous teachers of obstetrics had treated of gynecological subjects in monographs. I need mention only the text-books of Carus, Joerg, Mende and Busch. In addition, the distinguished Edinburgh gynecologist, Sir James Simpson, had delivered a course of lectures upon the diseases of women, which were recorded by some of his pupils and reprinted in Philadelphia. The obstetricians, however, had no clinical material with which to teach the diseases of women. Several small universities, such as those of Jena and Rostock, made exceptions to this rule, because, on account of the limitations imposed by lack of obstetric material and the special tendencies of the professors (Stark, E. Martin, G. Veit), gynecology was included in the course of instruction. A distinct advance was made in 1842¹ by Kiwisch, of Prague, at whose request a department in the general hospital for the treatment of the sexual diseases of women was transferred to his care. Soon after this a similar arrangement was made at Vienna, and by E. Martin in Berlin in 1857; and the last stone in the completion of the structure of general gynecology was furnished by the reception into the same clinic of gravid women and women suffering with diseases of the sexual organs, who were placed for treatment in part in the wards previ-

¹ Biographisches Lexicon von Gurlt und Hirsch, iii. p. 484.

ously used for the delivery of parturient women, and in part in new buildings constructed for the purpose.¹ The new buildings were constructed, some upon the pavilion plan, permitting a separation of the gynecological and puerperal cases (in Berlin and in Erlangen); some with several stories, for the ready classification of the cases (in Königsberg, in Breslau, in Halle, in Bonn, in Würzburg, in Munich, and in Heidelberg). In all instances, however, but one director was appointed for each clinic, and at no time has any objection been raised to this union,² either by the Academic Senate or by the Government; and various Landtags, by liberal appropriations for the purposes of these clinics, have given sanction to their work. As this process has for half a century been growing more complete and more general, it must have proved itself worthy, for during all these years no complaint has been made and no objection raised.

Why was this result unavoidable—in other words, what are the bonds that inseparably unite obstetrics and gynecology? To this question it is answered that both have to do with the same organs of the human body, and that these organs (unlike muscles and nerves, kidneys, pancreas, spleen, and liver, separated from one another and having individual functions), in addition to having a common vascular and nervous supply, are intimately related and supplement one another in physiological function, so that under pathological conditions a bond of sympathy at once exists. One need but think of the similar changes that take place during menstruation, gravidity, and parturition, and of the influence that displacement of the uterus exerts upon the vagina, tubes, ovaries, etc. It thus results that obstetrics and gynecology have to do only with varying conditions of the same organs, partly physiological, partly pathological, so that the two departments are thus practically inseparable; because, for example, all abnormalities of the female

¹ Cf. Fritsch, in "Die deutschen Universitäten," Ascher u. Co., 1893, vi., Gynäkologie.

² Cf. Fritsch, *loc. cit.*, p. 285.

sexual organs, excepting only those defects of development that render conception altogether impossible, may prove a source of difficulty in parturition, and so require treatment at the hands of the obstetrician. One has only to think of the complications of pregnancy and labor by ovarian tumors, by uterine myomata, and by carcinoma of the uterus—conditions that cannot always be recognized weeks or months before labor, but which are often discovered only at the time of labor and demand immediate, energetic operative intervention. How could an obstetrician not perfectly familiar with, and thoroughly able to carry out, cœliotomy, hysterectomy, the Porro operation, myomectomy, etc., properly perform his duty? Should the obstetrician not be thus qualified, he must call in the surgeon to act as accoucheur; so that if he is no gynecologist he should also be no obstetrician; and if in his capacity as a physician he must practise both obstetrics and gynecology, it would be simply ridiculous did not the same teacher give instruction in both branches. Conversely, nearly all the diseases of the female sexual organs may result directly from puerperal conditions, and it is one of the most important duties of the obstetrician to prevent such consequences, or, in the event of their occurrence, to treat them in their incipency, during pregnancy, labor, and the puerperium. The conditions encountered are not alone such as require surgical measures. One need only recall the large number of nutritive disturbances of the sexual tract in puerperal women; besides, it has long been well known, as B. S. Schultze has demonstrated, that old retroflexions can never be better cured—that is, more rapidly and with greater certainty of permanence—than by the institution, during the first days of the puerperium, of systematic tonic and instrumental treatment. Is the obstetrician to say, “This is not my affair, I must call in a surgeon?” or shall he undertake the treatment of those retroflexions that are remediable by the application of pessaries, and turn over to the surgeon those chronic displacements dependent upon adhesions of the uterus to adjacent structures, because perhaps it might become necessary to perform a ventro-

fixation of the uterus? This arrangement would, no doubt, be entirely agreeable to some surgeons, but the condition would be a most deplorable one. For both patient and physician it would, under these circumstances, not be long before obstetrics and gynecology would be still further subdivided; so that in the course of time there would be exclusive vulval doctors, vaginal doctors, uterine doctors, tubal doctors, and ovarian doctors. Furthermore, if, as a result of peritonitis from perforation or septicæmia, a puerpera should be brought to the edge of the grave, should the obstetrician, waiting for the knife of the surgeon, permit the time most favorable for the successful performance of coeliotomy to escape, and the life of the woman thus to be sacrificed? If such a condition of affairs were permitted to exist we would be placed in the position in which it is said that English medicine stands, as illustrated by the story of the practitioner of internal medicine who was unable to render any assistance to an apoplectic near whom he happened to be standing when the attack occurred, because the physician was not permitted, and did not know how, to perform venesection. There can be no question that one who, as a competent physician, undertakes the treatment of any condition, should feel capable of the management of all of its phases, so that it shall not be necessary at a critical moment to call in more skilled assistance.

Without doubt, progress in obstetrics goes hand-in-hand with progress in gynecology; the one advances the other. A survey to determine which have contributed most largely to the development of gynecology, surgeons or obstetricians, will, without belittling the work done by such men as Paré, Jobert de Lamballe, Gustav Simon, Czerny, and Billroth, show that the work of such men as Kiwisch, Simpson, Schröder, Spiegelberg, and other living gynecologists, is not of less importance. Further, the recognition of this fact is manifested by two such distinguished surgeons as Billroth and Lücke, who in their great *Handbook of Surgery* devote a special section to the diseases of women, for the preparation of which they personally selected only pure gynecologists, namely, Chrobak, Fritsch, Gusserow, Breisky,

Hildebrandt, Olshausen, Bandl, Winckel and Zweifel. Billroth himself wrote the chapter on the diseases of the female breast. Finally, how much disease among women has been prevented as a result of the acceptance of the doctrine of Semmelweis concerning puerperal infection? Has not the principle of antiseptis, or rather asepsis, to which this doctrine led, though only after the later investigations of Pasteur and Lister, formed the basis of modern surgery and gynecology?

To go a little more fully into detail, let us ask who it was after McDowell in 1809, and later Spencer Wells and Keith and Stilling, had made ovariectomy a justifiable and successful operation, that perfected the operation? Were they not German gynecologists that did this, in whose front rank stands Carl Schröder? Moreover, who has rendered popular the performance of myomectomy, of castration for myomata, of enucleation of fibroids, if not Hegar-Kaltenbach, Leopold, Chrobak, A. Martin—all pure gynecologists? Who was it that took up again the operation of extirpation of the carcinomatous uterus, after it had lain in neglect for almost seventy years—who but the gynecologist, W. A. Freund, in the year 1878? And after Czerny, in 1879, reintroduced the operation of total extirpation of the uterus *per vaginam*, the operation was soon modified, extended, and improved, and given a permanent place, by Olshausen, Peter Müller, H. Fritsch, Winckel, Hochenegg, and Herzfelder—all gynecologists but one. Finally, coming now to German universities, who performs the largest number of coeliotomies, undertaken for the removal of the ovaries by such surgeons as Bernhard von Langenbeck, Neponuck von Nussbaum and Czerny, according to the method of the English surgeons, Charles Clay, Sir Spencer Wells and Keith? Everywhere in Germany it is the pure gynecologist who performs to-day all coeliotomies for the treatment of the sexual diseases of women, and who has the largest experience in this department of surgery. Not only surgical gynecology but also operative gynecology has attained a high degree of perfection, and especially through the classic work of Hegar-Kaltenbach. A long list of excellent monographs

—including the description of displacements of the uterus by B. S. Schultze, the works of H. Ruge and J. Veit upon carcinoma of the uterus, the microscopico-anatomical plates of Von Wyder—demonstrate that German gynecology has striven not to be narrow, and not to cut only for the sake of cutting, but to learn from removed structures the seat, nature, and cause of the disease-process that necessitates operative interference. It should be added that German obstetricians and gynecologists have always kept pace with their colleagues in other countries, and partly by literary study, partly by travel and personal contact, have kept abreast of every advance in the departments which they represent. The recognition of the value of their work is indicated by the numerous translations of their publications in various languages, French, English, Swedish, Greek, Russian, Italian, etc. (*e. g.*, the text-books of Carl Schröder, O. Spiegelberg and B. S. Schultze). Lastly, the crowning result of all of these endeavors, the most important factor in the intimate union of the branches, was the organization, in the year 1886, of the Congress of German Obstetricians and Gynecologists, the significance of which has, year by year, grown greater, and which constitutes a firm bond of union between the official representatives of general gynecology. Even those who at first opposed the organization of such a congress have enrolled themselves as members and have actively participated in its work; while the ever-broadening character of the work affords sufficient guarantee that the congresses will continue to be held, and that they will serve to maintain for all time the union between obstetrics and gynecology. In the meantime the medical press has worked in the same direction. In addition to the journals already named, and especially the *Archiv für Gynäkologie* and the *Zeitschrift für Geburtshülfe und Frauenheilkunde*, among the collaborators of which are included all the pure gynecologists of Germany, the *Annual Report in Obstetrics and Gynecology*, published since the year 1889 by Frommel, deserves to be mentioned. It cannot, thus, be considered unreasonable to say that it is scarcely conceivable for a separation of obstetrics

and gynecology ever to take place ; for the occurrence of such an event would be a decided step backward. Nevertheless it is, not difficult to find in the history of medicine instances, facts, methods, and devices, long well known, that have fallen into utter forgetfulness. It is but necessary to refer to the performance of version in labor, a manipulation that for centuries was entirely neglected. Under present conditions, however, it is practically impossible that such a work of destruction as was carried out twelve hundred years ago by the Arabians should be repeated ; and even should such an event occur, Germany, with all her culture, would be so influenced by surrounding nations that with the rejuvenation of science and the erection of indestructible monuments, as they now exist, gynecology and obstetrics would arise phoenix-like from the ashes, always with the well-known motto of Schleswig and Holstein : *Ap avig ungedielt*. Should the process of destruction go so far that the German nation, like the Polish, could never again be restored, the individual States in which gynecology and obstetrics were distinct would, no doubt, take steps to bring about their union.¹

We have now reached our third question, and I shall endeavor to show why obstetrics and gynecology are still in different hands in England, France, and North America. Beginning with the United States, we must offer a grateful tribute to the work of Marion Sims, who did so much for modern gynecology. Scarcely a subsequent writer has done so much to advance gynecology in many directions and in such a striking manner as he. Though he considered himself a surgeon and designated his greatest work, "Clinical Lectures upon the Surgery of the Uterus," he was nevertheless a pure gynecologist,

¹ Their experience would probably be like that of Marion Sims (cf. "Autobiography," Stuttgart, 1885, p. 154), who, in the early part of his professional experience, literally said : "If there was anything that was odious to me it was the examination of the female pelvic organs." Nevertheless, as he himself says, his success lay in a direction that he would at first scarcely have dreamed of (loc. cit., p. 126). And this is the case not alone with the individual, but also with whole nations.

for the reason that not only do the various chapters of this work deal with the two questions as to the causes that prevent conception and the means of controlling these causes, but that his whole energy was more and more devoted to a study of the pathology of the female sexual organs, and that he early (1853) gave up his surgical work. Although, as it appears, he never practised obstetrics, still he deserves the credit of having established in America (in the city of New York) what Kiwisch did in Germany, the first hospital devoted especially to the treatment of the diseases of women.¹ One would have supposed that, with this accomplished, the union of obstetrics and gynecology in one hospital would have been an easy matter; but the conditions surrounding maternities in America are quite peculiar. Those devoted purely to purposes of instruction and which are well attended are extremely rare. To my knowledge New York alone possesses any. All others are either private establishments or departments of general hospitals (for instance, in the Cook County Hospital of Chicago), to which the physicians of the hospitals scarcely have access, and students not at all. This state of affairs is partially due to the fact that the working portion of the population in the United States is peculiarly better situated than the same class in Germany, and in consequence utilizes the maternities much more rarely. Besides, in consequence of the liberal means furnished such institutions from private sources, the poorest is provided with free and unbounded care and attention. Finally, it may be that, from excessive prudery on the part of American women as to their social position, men do not sufficiently and properly emphasize the necessity for the establishment of maternities for educational purposes. Extensive obstetric polyclinics naturally only partially make good the deficiency. It is, however, but a matter of time before these obstacles will also be overcome in America—a culmination that I hope to witness. Promise of this

¹ The history of this project, with its numerous disappointments, furnishes an interesting chapter of a most interesting autobiography (*loc cit*, pp. 176-205).

is furnished by the fact that, for instance, a home for women has been established in Canada (in Montreal) for the reception of both poor pregnant women and poor women suffering with diseases of the sexual organs. Further assurance is given by the ever-increasing number of American societies that devote themselves to obstetrics and gynecology ; by the journals devoted to the same subjects, especially *The American Journal of Obstetrics*, formerly edited by P. F. Mundé ; the annual proceedings of obstetrical and gynecological societies in New York, Boston, Buffalo, etc. ; the work of the Association of American Obstetricians and Gynecologists, founded in the year 1888, whose proceedings fill four handsome volumes.¹ A beginning has been made, in so far as Prof. Parvin, the occupant of the chair of obstetrics in Jefferson Medical College of Philadelphia, has for several years given instruction in gynecology by means of the phantom introduced by me for teaching purposes. Finally, I am encouraged, by his expressed intention to discuss this question before a large and important medical body, to hope that his energy, persuasiveness, and persistence may succeed in carrying the good work to a successful termination.

In England the conditions appertaining to obstetrical material are similar to, but not identical with, those present in America. There, too, there are few large maternities devoted to educational purposes ; most are small,² some are private institutions.³ English obstetrics has no midwives, but nurses instead. The obstetrician spends as much time with the parturient woman as the German midwife—a fact that affords explanation why busy obstetricians scarcely have sufficient time to devote to the treatment of the diseases of women ; so that operative gynecology is practised almost exclusively by surgeons. It is true that in the early part of the nineteenth century Charles Clay (1820-24), a pupil of Simpson at Edinburgh, was for a considerable period of

¹ Vol. iv., Philadelphia, Dornan, 1892.

² Cf. Arneth, "Geburtshülfe, Gynäkol., etc.," Vienna, 1853, pp. 162-179.

³ The cost, to the State, of all of the maternities of England in the year 1849 was not quite 200,000 marks (95,385 gulden).

time teacher and medical officer of the Women's Hospital at Manchester. He published not only papers upon the vomiting of pregnancy, Cæsarean section, and obstetric operations, but also his experiences and the results of three hundred and fourteen ovariectomies. There was thus one gynecologist, in the widest sense of the word, upon English soil, though from an Edinburgh school. After him came a surgeon, Sir Spencer Wells, who made a triumph of the operation of ovariectomy at a time when Germans would scarcely longer venture upon it and when it was condemned by Scanzoni. There is, however, a tendency in England to-day to the establishment of more intimate relations between obstetrics and gynecology, and, as it appears, with some assurance of success; otherwise Sir Spencer Wells would not, in a recent publication, have complained that obstetricians have started upon a race for the attainment of subordinate specialities; that they were engaged in the invention of names of Greek origin, and adopted the special designation of gynecologists; that there was danger in the organization of special associations of gynecologists.¹ Coming from such a man as Sir Spencer Wells, who has done so much good work in gynecology, but is unwilling to relinquish the title of Royal Surgeon of Great Britain, such complaints are excusable. Nevertheless, one would suppose that surgeons would have a sufficiently large field of activity without practising gynecology. The formation of a special gynecological society in England seven years ago, which carries out its work side by side with the ancient and famous London Obstetrical Society, will no doubt gradually lead to the establishment of close relations between the two departments, after the German method, as has already happened in Scotland. In this connection it must not, however, be overlooked that in England, as in America, the medical clinics conducted by different faculties are not State institutions, but often private, and are not always as liberally supported as one would be led to expect from a knowledge of the wealth of the English

¹ Volkmann's klinische Vorträge, N. F., No. 32, 1891, pp. 269-272.

people. This fact also affords explanation for the circumstance that, according to individual inclination, maternities and hospitals for the treatment of the sexual diseases of women are maintained separately, from private resources; and England has long been famous for the large number of hospitals and private institutions for the treatment of special conditions, such as inebriety, carcinoma, tuberculosis, ovariectomy, laryngeal diseases, etc. This tendency, whenever possible, to erect distinct buildings for every disease, and for every condition that may lead to disease, constitutes an obstacle to the union of tocology and gynecology that must not be underestimated, but which, no doubt, the energy of the general gynecologists will be able to overcome. For, as has already been pointed out, these have, in the interests of education, demonstrated that obstetrics constitutes the portal to the temple of gynecology, into which none may enter who has not a thorough acquaintance with obstetrics, and also that no obstetrician can occupy a prominent place as a teacher who is not at the same time a competent gynecologist.

Finally, coming to France, we find that the conditions surrounding obstetrics resemble, though they are not identical with, those that prevail in North America and in England. There is scarcely another country that in the last two centuries has, with public means, cared for as large an amount of obstetrical material as France has done in her *Maternité*. This clinic has, however, been almost inaccessible to physicians, except to those in immediate attendance, for since the year 1630 it has been given up to the instruction of midwives, who were thus afforded excellent opportunities to see and to learn much, while the students of medicine, until a few decades ago, received but little practical instruction in obstetrics.¹ This state of affairs explains why, in addition to the medical directors of the *Maternité*, Baudelocque, Portal, Mauriceau, Dionis, Peu, Saviard, Paul Dubois, it was the chief midwives—Madame Boivin (1775–97) and Madame Lachapelle (1797–1821)—who prin-

¹ As in England. Cf. Arneth, *loc. cit.*, p. 179.

cipally distinguished themselves as obstetric writers. Madame Boivin probably had an extensive gynecological practice, for the women preferred to be treated by their midwives. She wrote a text-book on obstetrics and a treatise on the diseases of the uterus, which was published by her nephew, Dugés, and the merit of which is conceded even to-day, and to which she appended an atlas that contains numerous good illustrations.¹

Until quite recent times gynecology in France was in the hands of the surgeons, and Péan especially earned much credit by his results in the performance of myomectomy before this operation was at all extensively practised in Germany. Since, however, the principles of Listerism have found wider and wider application in France; since a number of German works upon operative gynecology (*e.g.*, that of C. Schröder, that of Hegar-Kaltenbach) have been translated into French, and French teachers of obstetrics, such as Paul Bar, Budin, Ribemont and Tarnier, have made themselves familiar with the conditions that exist in Germany, and have been convinced of the stability and permanency of those conditions—since then the agitation has been begun for the union of obstetrics and gynecology, not only in chairs of instruction, but also clinically. One of my brightest pupils, the publisher of the *Archives de Tocologie et de Gynécologie*, Dr. Auvar, who discusses in his journal both obstetrics and gynecology in its broadest scope, has, in addition to a number of notable books upon tocology, written a series of works upon the diseases of women for students and physicians, which, together with the work of numerous German private tutors, demonstrate that the union of the two departments is also practical among the junior instructors to a degree that will satisfy the most stringent requirements. We may thus safely anticipate the further cultivation of gynecology by obstetricians, and do not doubt that, as an obstetrico-gynecological society already exists in Paris,² the

¹ Compare Ed. Martin, "Hand-Atlas," 2d ed., plate xxxi., Fig. 1a; plate xxxii., Fig. 3; plate xlvii., Figs. 1 and 4, etc.

² Cf. *Archives de Tocologie*, January, 1892.

two branches will soon be taught in France by the same teacher. If this has not already been attained, it must be remembered that modern gynecology is only of recent birth, dating back but thirty years, and that the decidedly surgical tendency that the art manifested from the outset has been little calculated to stimulate a union with obstetrics in those countries in which the surgeons were also gynecologists.

In conclusion, I shall enumerate some of the most distinguished teachers, not Germans, who by precept, by act, by written and by spoken word, have long represented general gynecology. These include A. R. Simpson, of Edinburgh, the nephew of Sir James Simpson; Th. von Pippingskjöld, of Helsingfors; Th. von Krassowski, of St. Petersburg; Prof. Rein, of Kieff; Neugebauer, father and son, of Warsaw; then the whole school of Jungmann, from which Kiwisch, Scanzoni and Seyfert have emanated. The same conditions prevail in the Vienna school. Throughout Italy, too, the teachers of obstetrics in the universities are likewise operative gynecologists; and one city, Milan, which has no university, but has large hospitals, and, in addition, large maternities (with the most important of which Porro is connected) has in its hospitals obstetrico-gynecological departments, in which Mangiagalli, formerly professor at Catania, in addition to about one hundred and twenty labors yearly, conducts an exceedingly large operative and non-surgical gynecological service.

It is thus seen that Germany is not alone in her position as to the relations of obstetrics and gynecology; and if the intimate and indissoluble union of these sister departments has not been as early, as speedily, and as generally effected, and with such devotion on the part of the State, in any other country, there are yet a sufficient number of other countries that have accepted Germany's views and the results of her experience, whose action will exert a favorable influence upon the others. As, however, not only the academic teacher, but also every educated person to-day, should be on the lookout for good from all sources, and, by travel and personal contact with

neighbors at home and strangers in other countries, should endeavor to become familiar with and to put into practical and fruitful application the results of their activity, so, on the other hand, is it his duty to make known the good that he has accomplished and to support others in their battle for the right. Not everything that appears natural to us will be so considered by others; and if we are convinced that German gynecology has made such satisfactory and such rapid progress because the best obstetricians have taken it up early and energetically, we should by our co-operation, and by the institution of the same process in countries like England, France, and North America, aid in the extension and fruition of these two branches of medicine that would be a boon for general medicine and especially for gynecology.

Quod bonum, felix, faustumque sit et bono publico salutare!

